

Work Order ID 108941***108941***

Page 1

Wednesday, October 30, 2013 7:12:32 AM

Item ID:	D4121-5	Accept	*N900040100*	Setup	Start	*NS1*		
Revision ID:								
Item Name:	Hose Assy				Stop	*NS2*		
Start Date:	10/30/2013	Start Qty:	5.00	*5*	Cust Item ID:			
Required Date:	11/8/2013	Req'd Qty:	5.00	*5*	Customer:			
Reference:								
Approvals:	Process Plan:	CZ	Date: 13/10/30	Tooling:	Date:	Run	Start	*NR1*
	QC:		Date:	SPC (Y/N):	Date:		Stop	*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D4121	D								
100		0.00							
100	PURCHASING								
Purchasing	Memo	0.00							
Purchasing	Create D2729-1 label and include with W/O Issue P/O: 21876 Hose Assembly as per Dwg D4121 Possible Supplier: API Material release note is required								
110	Receive & Inspect for Damage & Mat'l Certs	0.00							
110	Memo	0.00							
Packaging	Ensure Material Release Note is attached								

CZ 13/10/30 (S)

P 13/10/27 (S)

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS								
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>							
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>							
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>							
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>								
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data														
Equip/Tooling														
Operator														
Material														
Setup														
Other														
Process														
Supplier														
Training														
Unapproved														
FAULT CATEGORY														
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

Work Order ID 108941

Wednesday, October 30, 2013 7:12:32 AM

108941

Page 2

Item ID: D4121-5

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Hose Assy

Stop

NS2

Start Date: 10/30/2013 Start Qty: 5.00

5

Cust Item ID:

Required Date: 11/8/2013 Req'd Qty: 5.00

5

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

120

QC6- Inspect dimensions to drawing

0.00

DAS

27

9-89

120

QC

Quality Control

311.1

S

130

Small Fab

0.00

130

Small Fab

Memo

0.00

Small Fab

Install D2729-1 as per Dwg D4121
using D2182-045 Heat Shrink
Batch: B26004

DAS

36

9-89

140

QC5- Inspect part completeness to step on W/O

0.00

DAS

27

9-89

140

QC

Quality Control

311.5

S

DAS

36

9-89

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS									
				<input type="checkbox"/> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update	<input type="checkbox"/> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab	<input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite	<input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier	<input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other							
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector				
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
														<input type="checkbox"/> Other	

Work Order ID 108941

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Page 3

Wednesday, October 30, 2013 7:12:32 AM

Item ID:	D4121-5	Accept	*N900040100*	Setup	Start	*NS1*	
Revision ID:							
Item Name:	Hose Assy				Stop	*NS2*	
Start Date:	10/30/2013	Start Qty: 5.00	*5*	Cust Item ID:			
Required Date:	11/8/2013	Req'd Qty: 5.00	*5*	Customer:			
Reference:							
Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	*NR1*
	QC:	Date:	SPC (Y/N):	Date:	Stop		*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150 *150* Packaging Packaging	Identify as per dwg & Stock Location <i>ST/95</i>	0.00							DAS <i>~26</i> 9-89
	Memo	0.00							
160 *160* QC Quality Control	QC21- Final Inspection - Work Order Release <i>ST/RM</i>	0.00							<i>13/11/07</i>
	Memo	0.00							

ST/RM 13/11/07
MF
13-11-4

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS									
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>							
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector				
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
												<input type="checkbox"/> Other			

Picklist Print

Wednesday, October 30, 2013 7:12:32 AM

Page 1 / 1

Work Order ID: 108941

Parent Item: D4121-5

Parent Item Name: Hose Assy

Start Date: 10/30/2013

Required Date: 11/8/2013

Start Qty: 5.00

Required Qty: 5.00

Comments: IPP REV:A NEW ISSUE 10-10-05 JLM VERIFIED BY:DD IPP REV:B AS PER ECN 11-
598 11-06-05 JLM VERF:DD IPP REV:C 11.11.16 AS PER DWG REV.D DD VERF:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
156062D1054D000 Hose Assembly		Purchased		No		110	Each	0.0000	1	5	13/11/05	<i>LL</i>	
D2182-045 Heat Shrink 4.5" Long		Manufactured		No		130	Each	0.0000	1	5	13/11/05	<i>36</i>	DAS
D2729-1 Part Id Label (Re-Issue)		Manufactured		No		130	Each	0.0000	0	0	13/11/05	<i>9-89</i>	DAS
												<i>9-89</i>	

NCR: Yes / No

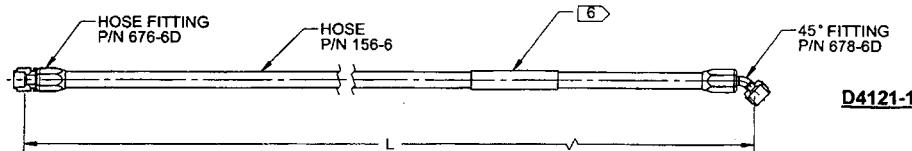
WORK ORDER NON-COMPLIANCE / UPDATE

DQA: Date:

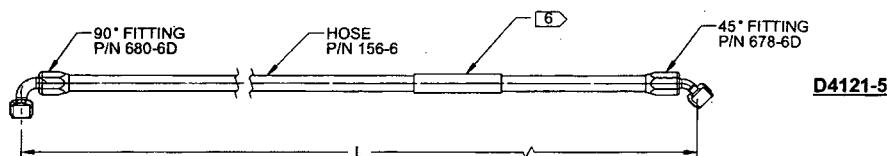
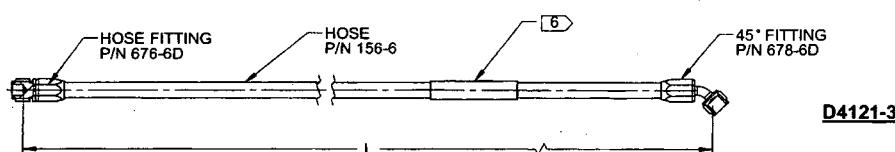
QA Closed: _____ Date: _____

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
				Use-as-is <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
Part No. _____				Work Order Update <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
NCR No. _____					Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio							
				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge							
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled							
				<input type="checkbox"/> Other							

8 7 6 5 4 3 2 1



HOSE SPECIFICATION			
DART P/N	STRATOFLEX P/N	VENDOR	L
D4121-1	156003-6D0274	API/ AVIAL	27.50
D4121-3	156003-6D0590	API/ AVIAL	59.00
D4121-5	156062D1054D000	API/ AVIAL	105.50



CL 1310130
W/0: 108941

RELEASED
2011-11-16
MM

NOTES:

- 1) MATERIAL: N/A
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N & B/N USING D2729-1 LABEL INSTALLED WITH D2182-045 HEAT SHRINK
- 7) WEIGHT: N/A
- 8) STAINLESS STEEL COVERING TO HAVE MINIMUM THICKNESS OF 0.015"

D	P/N 156003-6D0590 WAS 156003-6D0570 (ZN D2-1)	RF	11.11.14
C	ADD P/N 156062D1054D000 TO D4121-5	RF	11.07.27
B	P/N 676-6D WAS P/N 678-6S (ZN C4-1, B4-1); P/N 676-6D WAS 676-6S (ZN D9-1, C9-1); P/N 680-6D WAS P/N 680-6S (ZN B8-1); UPDATE STRATOFLEX P/N (ZN C2-1); UPDATE NOTE 8	RF	11.03.07
A	NEW ISSUE	RF	10.09.16
REV.	DESCRIPTION	BY	DATE
DESIGN	RF	DART AEROSPACE USA, INC.	
DRAWN	RF	KENT, WA	
CHECKED	RF	DRAWING NO.	REV. D
MFG. APPR.	RF	D4121	SHEET 1 OF 1
APPROVED	RF	TITLE	SCALE
DE APPR.	RF	HOSE ASSEMBLIES	NTS
DATE	11.11.14	COPYRIGHT © 2010 BY DART AEROSPACE USA, INC. THIS DOCUMENT CONTAINS TRADE SECRET INFORMATION OWNED BY DART AEROSPACE USA, INC. IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE USA, INC.	

8 7 6 5 4 3 2 1



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO21876**

Purchase Order Date 10/30/2013

PO Print Date 10/30/2013

Page Number 1 of 2

Order From :

AVIALL
PO BOX 842275

DALLAS, TX 75284-2275
USA

VU-AVI003

Ship To : DART AEROSPACE LTD

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

Contact Name
Vendor Phone 905-676-1695

Buyer Chantal Lavoie
Customer POID
Customer Tax # 10127-2607
Terms Net 30
Currency USD
FOB FCA - (Free Carrier)

Ship To Contact
Ship To Phone
Ship Via: FedEx PI collect
Ship Acct:

Line Nbr	Reference Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	CD	Req Qty/ Unit of Measure	PO Unit Price	Extended Price
Promise Date							
11/8/2013							
1	156003-6D0274	Hose Assembly	11/8/2013 Yes		5.00 Each	\$146.09	\$730.46
11/8/2013							
AS PER DWG D4121 REV. D B108939							
Line Total: \$730.46							
2	156003-6D0590	Hose Assembly	11/8/2013 Yes		5.00 Each	\$178.56	\$892.80
11/8/2013							
AS PER DWG D4121 REV. D B108940							
Line Total: \$892.80							
3	156062D1054D000	Hose Assembly	11/8/2013 Yes		5.00 Each	\$294.54	\$1,472.69
11/8/2013							
AS PER DWG D4121 REV. D B108941							

Note:



PROFORMA INVOICE



CUSTOMER P.O.: PO21876

ORDER NUMBER: 0014094564- 81500
ORDER DATE: 10/30/13

SHIPMENT NBR: 81500

PAGE: 1
DATE: 10/31/13
TIME: 14:19
EMP#: 23370ORD TYP: RG
CURRENCY: USDB 032028
I DART AEROSPACE LTD
L 1270 ABERDEEN STREET
T HAWKESBURY ON K6A 1K7
O CANADAS
H DART AEROSPACE LTD
P 1270 ABERDEEN STREET
T HAWKESBURY ON K6A 1K7
O CANADAS 41270
H AVIALL DALLAS HOSE SHOP
P AVIALL
F HOSE SHOP
R 2755 REGENT BLVD
O DFW AIRPORT TX 75261-9048
M U.S.A.

LINE	MFG	ITEM DESCRIPTION	ORDER QUANTITY	SHIP QUANTITY	BACK ORDER	UOM	UNIT PRICE	EXTENDED UNIT PRICE
PLEASE SHIP FEDEX P1 ON CUSTOMER ACCOUNT NUMBER 1517-9324-0, AWB# MUST REFERENCE THE PURCHASE ORDER NUMBER, SHIP TO THE ATTN OF CHANTAL 613-632-9577								
1	1S	156003-6D0274 HOSE: MED PRESSURE, RUBBER REIN ST,REF: HS951HD0274 Schedule B: 4009.22.0050	5	5	0	EA	146.09	730.45
Export Classification: 9A991.d								
2	1S	156003-6D0590 HOSE: MED PRESSURE, RUBBER REIN ST,REF: Schedule B: 4009.22.0050	5	5	0	EA	178.56	892.80
Export Classification: 9A991.d								
5	1S	156062D1054D000 HOSE: MED PRESSURE, RUBBER REIN ST,REF: Schedule B: 4009.22.0050	5	5	0	EA	294.54	1,472.70
Export Classification: 9A991.d								

CERTIFICATE OF CONFORMANCE

It is hereby certified that AviAll Services, Inc., is an approved distributor and meets all requirements of ISO9001, AS9100, AS9120 and AC 00-56 at 2750 Regent Blvd. DFW Airport, Texas. The products, articles or parts referenced on this document are in new or overhauled condition and were purchased from an approved source (FAA, EASA, TCCA, MIL Spec or Commercial). The Original Manufacturers' Certifications are maintained on file at our central office location, and copies are available upon request or at AviAll.com. For overhauled or repaired products, articles or parts, the original FAA 8130-3 / EASA Form 1 (Return to Service) or Yellow Tag, from the FAA/JAA/EASA approved Air Agency are attached to the component.

DISCOUNT TERMS APPLY ONLY TO SUB TOTAL. ALL RETURNED MERCHANDISE SUBJECT TO HANDLING FEE.

THIS IS TO CERTIFY THAT AVIALL HAS COMPLIED WITH THE PROVISIONS OF THE FAIR LABOR STANDARDS ACT OF 1938 AMENDED.

JR Hofmann

10/31/13

JR Hofmann, Director, Quality Assurance & Training

Date

CUSTOMER ORIGINAL



PROFORMA INVOICE



CUSTOMER P.O.: PO21876

ORDER NUMBER: 0014094564- 81500

ORDER DATE: 10/30/13

SHIPMENT NBR: 81500

PAGE: 2

DATE: 10/31/13

TIME: 14:19

EMP#: 23370

ORD TYP: RG

CURRENCY: USD

B 032028
 I DART AEROSPACE LTD
 L 1270 ABERDEEN STREET
 HAWKESBURY ON K6A 1K7
 T CANADA

S
 H DART AEROSPACE LTD
 P 1270 ABERDEEN STREET
 T HAWKESBURY ON K6A 1K7
 O CANADA

S 41270
 H AVIALL DALLAS HOSE SHOP
 P AVIALL
 F HOSE SHOP
 R 2755 REGENT BLVD
 O DFW AIRPORT TX 75261-9048
 M U.S.A.

LINE	MFG	ITEM DESCRIPTION	ORDER QUANTITY	SHIP QUANTITY	BACK ORDER	UOM	UNIT PRICE	EXTENDED UNIT PRICE
		LOT 51256885 EA Country of Origin: U.S.A.		5				

*** These commodities, technologies, or software were exported from the United States in accordance with the Export Administration Regulations. Diversion contrary to U.S Law is prohibited.

AviAll is not providing OEM parts. AviAll is an authorized Stratoflex distributor providing TSO assemblies. Numbers referenced per customer requirements are for customer reference ONLY and are in no way intended to be represented as OEM parts. Any reference to an OEM part number does not authorize or reflect installation authority for this part. The installation authority is provided by the mechanic installing this product in accordance with FAR Part 43.

PARTS TOTAL	3,095.95
TAXES	0.00
FREIGHT	0.00
FUEL SURCHARGE	0.00
TOTAL	3,095.95

Currency: United States Dollar

CERTIFICATE OF CONFORMANCE
 It is hereby certified that AviAll Services, Inc., is an approved distributor and meets all requirements of ISO9001, AS9100, AS9120 and AC 00-56 at 2750 Regent Blvd. DFW Airport, Texas. The products, articles or parts referenced on this document are in new or overhauled condition and were purchased from an approved source (FAA, EASA, TCCA, Mil Spec or Commercial). The Original Manufacturers' Certifications are maintained on file at our central office location, and copies are available upon request or at AviAll.com. For overhauled or repaired products, articles or parts, the original FAA 8130-3 / EASA Form 1 (Return to Service) or Yellow Tag, from the FAA/JAA/EASA approved Air Agency are attached to the component.

[Signature] 10/31/13
 JR Hofmann, Director, Quality Assurance & Training Date

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 THIS IS TO CERTIFY THAT AVIALL HAS COMPLIED WITH THE PROVISIONS OF THE FAIR LABOR STANDARDS ACT OF 1938 AMENDED.

CUSTOMER ORIGINAL



Hose Shop 2755 Regent Blvd. DFW Airport

75261

Phone 972-586-1380 Fax 972-586-1381 www.aviall.com

TSO CERTIFICATION

It is hereby certified that (A) The parts and/or materials reflected herein were produced under Federal Aviation Administration approved manufacturing and quality control system/methods as set forth in the FAA issued technical standard order authorizations (TSOA) issued to Stratoflex and (B) such part and/or materials are new and are in condition for safe operation.

AviAll Order Number: 14094564

1. 156003-6D0274 5EA.
2. 156003-6D0590 5EA.
3. 156062D1054D000 5EA.

Signed: _____ Date: 10-31-13

"AviAll is not providing OEM parts. AviAll is an authorized Stratoflex distributor providing TSO assemblies. Numbers referenced per customer requirements are for customer reference ONLY and are in no way intended to be represented as OEM parts. Any reference to an OEM part number does not authorize or reflect installation authority for this part. The installation authority is provided by the mechanic installing this product in accordance with FAR Part 43".

If applicable, satisfactory compliance with the conditions and tests required for TSO approval indicates the hose assembly has met the minimum performance standards as stated in the TSO. Furthermore, it is the responsibility of the installer to determine the installation eligibility and that it will not cause the hose assembly to be subjected to conditions in excess of those for which it has been approved.

FORM# CERT -001